PTO/SB/123 (06-03)

Approved for use through 11/30/2005, OME 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid QMB control number. Patent Number **CHANGE OF** Issue Date CORRESPONDENCE ADDRESS Application Number Patent Filing Date Address to: Commissioner for Patents First Named Inventor P.O. Box 1450 Alexandria, VA 22313-1460 Attorney Docket Number Please change the Correspondence Address for the above-identified patent to: RECEIVED CENTRAL FAX CENTER Customer Number: OR MAY 0 6 200 Firm or Individual Name Address LEBANON Address City State ZIP Country Telephone 011-961-923-5443 This form carnot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). This form will not affect any "fee address" provided for the above identified patent. To change a "fee address" use the "Fee Address Indication Form\* (PTO/S8/47). I am the: Patentee. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number Typed or Printed Name HANNA BUBERT AWAD Signature 28 april 2004 Telephone 011-361-323-5443 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.